**Health New Zealand Te Whatu Ora – Consumer and Whānau Advisor**

**Whānau feedback and insights framework advisory group application form**

To apply, please fill out the Microsoft application form. If you have any questions or would like more information about this opportunity, please email [suzanne.corcoran@middlemore.co.nz](mailto:suzanne.corcoran@middlemore.co.nz)

Please note, applications close on Wednesday 17 April 2024.

Personal details

Name:

Address:

Suburb:

City:

Postcode:

Email:

Phone contact(s):

Ethnicity:

Gender/pronouns:

Do you have a disability? (Y/N) If yes, please specify:

Expression of interest

You may attach your CV, a cover letter or additional information on a separate page or email directly to [suzanne.corcoran@middlemore.co.nz](mailto:suzanne.corcoran@middlemore.co.nz)

* How did you hear about this opportunity?
* What interests you about joining the national Whānau feedback and insights framework advisory group and what do you feel you would contribute to the group?
* Please share with us your experience and journey relating to developing a health feedback system or framework and/or health quality and safety systems including approximate timeframes.
* Have you held any other consumer or lived-experience roles?

 Yes, please specify:

 No

* Will you be able to attend fortnightly Zoom meetings and in-person meetings as required? Please note, the date and time of the meetings is yet to be determined.
* Do you have any scheduled activities/events that may prevent you from attending advisory group meetings for an extended time?
* If you are successful in your application, would you need any support?
* I acknowledge that applying for this role involves sharing my personal lived experience with the national Whānau feedback and insights framework advisory group and contributing to the development and implementation of this new national framework.

 Yes  No

Thank you for your interest in this important new national advisory group.